

Living Will

Declaration made this _____ day of _____, 2_____, I _____
willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances
set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ (initial) I have a terminal condition.
or _____ (initial) I have an end stage condition.
or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no
reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be
withheld or withdrawn when the application of such procedures would serve only to prolong artificially the
process of dying, and that I be permitted to die naturally with only the administration of medication or the
performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the
application of such procedures would serve only to prolong artificially the process of dying,

It is my intention that this declaration be honored by my family and physician as the final expression of my legal
right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding,
withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the
provisions of this declaration:

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this
declaration.

Additional Instructions (optional): _____

(Signed): _____

Witness _____	Witness _____
Street Address _____	Street Address _____
City, State & Zip _____	City, State & Zip _____
Phone _____	Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.

— This form offered as a courtesy of The Florida Bar and the Florida Medical Association —